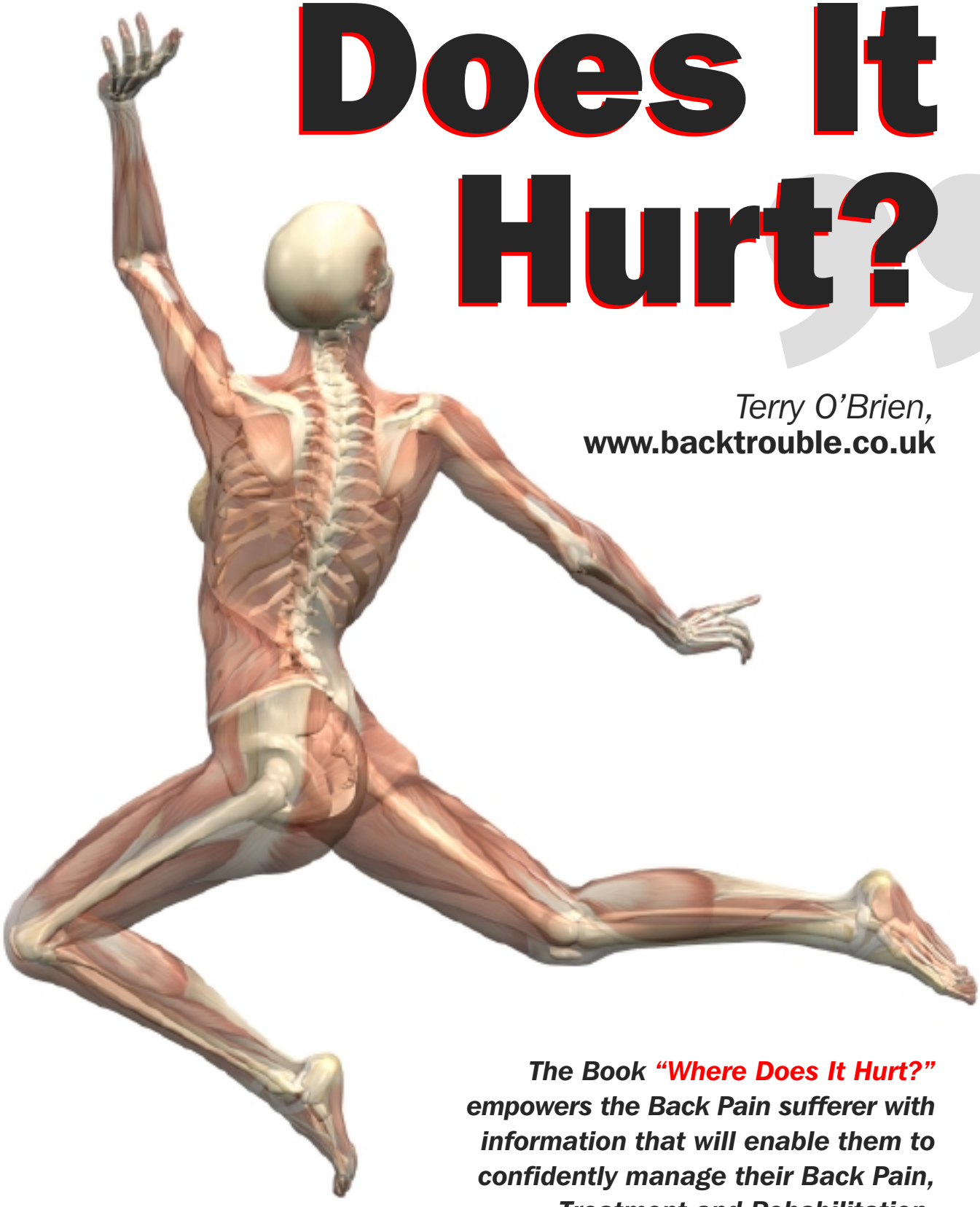
“Where Does It Hurt?”



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The Book “Where Does It Hurt?” empowers the Back Pain sufferer with information that will enable them to confidently manage their Back Pain, Treatment and Rehabilitation.

Contents

1. Introduction – Understanding Your Pain
2. Assessing Your Pain
3. What's It All About?
4. What Causes The Pain?
5. What Can I Do?
6. Do Drugs Really Work?
7. Should I Take To My Bed?
8. What About Physical Therapy?
9. What Are The Surgical Options?
10. Any New Treatments?
11. Other Treatment Alternatives
12. What To Do If You Are In Pain
13. Prognosis For Back Pain
14. Prevention Is Better Than Cure
15. Getting Help
16. A Pain In The Neck
17. What Is Scoliosis?
18. Coping With Sciatica
19. Exercise Is Good For You
20. Its Not A Mystery
21. Laughing Improves Health

1. **Introduction:**

They say that laughter is the best medicine, research shows that a spell of laughter can help relieve pain. It increases Blood flow, boosts the metabolism and stimulates the release of endorphins, the body's natural painkiller.

However Back Pain is not a laughing matter and by understanding more about your Back Pain, you can work together with your practitioner to find ways you can best treat it or at the very least get it under control.

The vast majority of skeletal muscular pain is felt in the joints or the point where a muscle attaches to the bone. With the back for example, it is the lower joints that seem to be much more susceptible to pain than the ones higher up, although the upper back is by no means excluded.

The joints are the one place where an imbalance can manifest because they can be tilted or twisted. What happens to the nerve, ligament or disc as a result of that joint moving is the pain you normally feel.

What I have learnt is that there are usually only one or two main groups of muscles, setting up the imbalances and causing the joint to move or the pressure to build up on a muscle making it stiff or tight and painful to move.

If the muscles that set up this twist (usually structural muscles) are worked on correctly, the pressure that causes the twist, tilt or tightness is released, along with the pain.

Using a "hands on" form of bodywork is the most effective way of identifying and correcting these problem muscles but finding someone who can do a good job quickly and effectively, and without it costing to much can be the most difficult part.

When a back develops problems it is not normally something that has just happened but rather a build up of imbalances over time. It tends to involve the whole body in some way and therefore requires a holistic approach to get a lasting cure.

In my opinion there are not enough skilled hands on therapists these days that can recognise the problem muscles, and then know how to restore their length and function and put the body back into balance again as is required.

Too many therapists want to use machines or stretching and exercise to fix back pain and these methods are flawed in many ways.

Lets be honest, if all current treatments worked I wouldn't need to be writing this book as people would get over their problems just as quickly as they came along. Without using the hands on approach and the fact that most causes of back pain don't show up on x-rays or scans. Physicians and therapists are guessing as to what the problem may be the majority of the time. Unless they are skilled at working on the body using their hands they can't monitor progress or feel compensations that need to be removed, but just as importantly they can't recognise when the problem does not involve the muscles and may require a totally different approach. Any specialist in Back related disorders could never have learnt what they have, without putting hands on the body.

Due to the repetitive nature of bodywork and the fact that the basic anatomy of the body never changes, one is constantly learning how every different type of body feels, strong, healthy, weak, stressed, young or old. Any therapist who doesn't get their hands on the body regularly such as a doctor, chiropractor, physiotherapist or acupuncturist, is severely handicapped right from the start when it comes to treating back pain. There is no way, without the vital information you can get from the feel of the body, they would be able to devise the best way of approaching an individuals particular back problem.

Why? Because the critical information they are missing can dramatically change the treatment regime from one person to the next.

2. **Assessing Your Pain**

Faced with a patient in chronic pain the Physician has several important tasks. The first is obviously the assessment of the pain and its various causes, including physical and psychological components. Realising that pain is a bio-psycho-social phenomenon, **(biological, psychological, and social)** all of these aspects have to be addressed in the history and evaluation of the patient.

Only when a proper evaluation has been made can the appropriate treatment be carried out. Only the most naive of Physicians would take a simplistic mechanistic approach, or indeed go the other way and dismiss pain as "being perhaps all in the mind". Such assessment is complex and beyond the scope of this book, however, this has to be methodically undertaken, and undertaken well. Not only does the pain have to be evaluated, so does the distress that it causes the sufferer and whether this feeds back to have a major part of the pain itself. Finally disability has to be considered; is it appropriate for the known nociceptive **(causing pain)** disease, or inappropriate? Is the disability that has developed a major factor in the chronicity?
(A chronic condition is one that has lasted for three months or more. In some conditions, chronic is defined as six months or longer. Chronic conditions often progress slowly and last for the remainder of a person's life.)

Once this assessment has been made, management can be developed along appropriate lines. The distress should be minimised and disability should be reduced. Sometimes this can be done with great effect (e.g., through Pain Management Programmes) without altering the actual amount of pain. On the other hand, sometimes relief of the pain (for instance appropriate intervention) will alleviate distress and reverse the disability.

In most cases it is impossible to completely alleviate pain and thus a management plan has to be agreed with the patient. This may involve a rehabilitation approach, including increased mobility, perhaps in conjunction with a Chiropractic Practitioner, or the patient's own exercise programme. These will be facilitated by appropriate analgesic techniques.

Pain is your body's way of communicating to your mind. You do not have pain because your body was poorly designed. You have pain because you were ingeniously designed. Every pain, every symptom you experience is a part of this ingenious design.

3. **What's It All About?**

It's that dull ache, shooting pain, agonising spasm, or unbearable burning sensation that goes all the way down the leg. As many as 8 out of 10 people suffer from back pain at some time in their life.

It may limit movement, prevent standing, and it can mean days off work (it is the biggest single cause of work absence). It can be a sudden acute attack, or it can be a chronic pain that last for more than three months, or it can come and go, triggered simply by lifting a shopping bag, or changing position in a chair.

The pain is usually linked to changes in the way that the network of bones, ligaments and muscles of the back work together, and it stems mostly from strained muscles and ligaments.

Low back pain is a major health problem in the United Kingdom and each year seven percent of the population goes to the doctor because of it.

"In many patients, this back pain gets better within three months of this initial visit. However, up to 50 percent of patients continue to have pain and disability after this time."

4. **What Causes The Pain?**

Back pain is a symptom not a diagnosis. In most cases, the exact cause of the problem is never tracked down. Causes of simple back pain include poor posture, lifting and carrying, lack of fitness, sleeping on soft mattresses, standing for long periods, sitting in chairs that lack back support, and repetitive jobs.

Twisting or lifting improperly can cause tears in the ligaments that support the spine. Pregnancy is a common trigger for back pain, due to softening of the ligaments and changes in posture due to the growing “little person”.

Other Common Causes Of Back Pain Include But Are Not Limited To:

Spondylosis: Type of arthritis caused by degenerative changes in the spine that come with age.

Spondylitis: Chronic back pain and stiffness caused by a severe infection or inflammation of the spinal joints.

Sciatica: Burning, stabbing pain that can go down the leg as far as the foot. It’s usually caused by a protruding disc squeezing the sciatic nerve. Sciatica is discussed in more detail later in this book.

Herniated disc: Pain caused when disc material bulges and puts pressure on a nerve. Most protruding or bulging discs occur in the lumbar region, and in severe cases can lead to permanent nerve damage, and rarely, loss of bowel or bladder control.

Spinal stenosis: Often due to arthritis, it’s a narrowing of the space around the spinal cord that can result in the nerve getting squeezed.

Osteoporosis: Loss of bone density and strength can lead to weak bones and fractures of the vertebrae in the spine.

Stress: Stress can cause back muscles to become tense and painful. Other causes include kidney stones, endometriosis, cancer and other diseases.

5. **What Can I Do?**



It is estimated that only one in seven cases of back pain are seen by a doctor, with most pain disappearing, or being treated with self-medication or other therapies. It is a good idea to see a doctor if there is numbness or tingling, or if the pain is severe and doesn't improve with medication and rest, or if the pain starts after an injury. It's important to seek medical help when there is also trouble urinating; and a weakness, pain, or numbness in the legs.

Most attacks of back pain last only a few days and heal themselves. The GP is usually the first stop, but there's a wide range of therapists who specialise in backs, including Chiropractic Doctors and other alternative practitioners.

6. **Do Drugs Really Work?**

Drugs can work for acute and chronic pain, and are the mainstay of treatments for millions. For mild to moderate pain, over-the-counter painkillers are usually enough. Muscle relaxants are sometimes used, as are steroid back injections, while morphine can be effective for short periods for more severe back pain



7. **Should I Take To My Bed?**

As I will point out later in this book, long bed rest was once a main treatment but research shows that it does not help simple back pain

A study in Scandinavia found that people with low back pain who carried on as normal appeared to have better back flexibility than those who rested in bed for a week.

8. **What About Physical Therapy?**

For many people, getting joints moving properly again with physical therapy is a must, as it does help. Chiropractic Doctors are trained to diagnose problems in the joints and soft tissues of the body, and will carry out a comprehensive assessment and treatment plan. Chiropractic provides a wide range of treatments to relieve pain, promote relaxation and restore movement. Chiropractic manipulation involves the adjustments of the spine, as well as other joints and muscles.

Chiropractic care is generally safe, but it's not appropriate for everyone. However a Chiropractor is experienced enough and skilled enough to make individual assessments on treatment suitability.

Numerous research studies conducted in Europe the United States, and Asia have documented that far beyond simply "feeling good", massage therapy has an impressive range of physical, mental, and emotional benefits.

Benefits of Massage

- Stimulates the release of endorphins - (the body's natural painkiller)
- Calms the nervous system
- Improves sleep
- Strengthens the immune system
- Aids in the removal of toxins from the body
- Reduces muscular tension
- Improves circulation of blood & lymph
- Increases the flow of oxygen and nutrients to cells and tissues
- Calms the nervous system
- Improves posture
- Increases flexibility & improves joint range of motion
- Enhances overall performance
- Relieves mental & physical stress
- Overall feeling of well-being

9. **What Are The Surgical Options?**

While most people will not need surgery, anyone whose chronic pain isn't helped by manipulation, exercise or medication, or who has a damaged disc, will. In some cases the problem disc may be removed and the bones fused together. The problem with fusion is that it permanently immobilises that part of the back. Surgeons are increasingly using artificial discs instead of fusion. Bulging disc material can also be dealt with by use of a laser. In osteoporosis, compression fractures of a vertebra, where one bone collapses on top of another, these can be treated with a balloon, and injections of cement-like mixtures that keep the bones apart and ease pain.

10. **Any New Treatments?**

Many clinical trials of new treatments are well under way around the world. Therapies being tested include drugs, new surgical techniques and a wide a range of alternative treatments including the new exercise Nordic walking (with sticks), glucosamine sulphate and ginger.

11. **Other Treatment Alternatives**

Herbs: Two trials examining the effects of herbal medicine have found that Harpagophytum procumbens (devil's claw) is better than placebos. Devils Claw contains the active compounds, harpagosides, which have natural anti-inflammatory and pain killing actions. While a third found it had similar effects to the drug Rofecoxib. Salix Alba (white willow bark) has also been found to be effective, while research also suggests that rubbing local preparations of cayenne can ease pain. Alexander technique: A process of psychophysical re-education, it may work for back pain, according to a review of research at Exeter and Plymouth universities: "Results imply that it is effective in improving pain behaviour in patients with back pain. It does deserve to be studied in more detail."

Traction: According to a review of therapies by the US National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIMSD): "There is no scientific evidence that traction provides any long-term benefits for people with back pain."

Nerve root blocks: "Whether the procedure helps or not depends on finding and injecting precisely the right nerve."

Facet joint injections: Again according to the United States NIMSD: "The effectiveness of these injections is questionable. One study suggests that this treatment is overused and ineffective."

Trigger point injections: "Although the injections are commonly used, researchers have found that injecting anaesthetics and/or steroids into trigger points provides no more relief than just inserting a needle."

Transcutaneous Electrical Nerve Stimulation (TENS): Involves sending mild electrical impulses to nerves. "Studies of its effectiveness have produced mixed results," says the NIMSD report.

Acupuncture: May encourage the production of natural painkillers, such as endorphins.

Hot and cold: There's some evidence that cold and hot compresses do help with pain. Certainly a warm bath has the effect of relaxing muscles.

12. **What To Do If You Are In Pain**

Most low back pain can be treated without surgery. Treatment involves using over-the-counter pain relievers to reduce discomfort and anti-inflammatory drugs to reduce inflammation. The goal of treatment is to restore proper function and strength to the back, and prevent recurrence of the injury. Medications are often used to treat acute and chronic low back pain. Effective pain relief may involve a combination of prescription drugs and over-the-counter remedies.



Although the use of cold and hot compresses has never been scientifically proven to quickly resolve low back injury, compresses may help reduce pain and inflammation and allow greater mobility for some individuals.

*Its fair to say that you should resume activities as soon as possible.

While people with back pain need to be careful about the type and amount of exercise they do, experts agree that some activity is better than none at all.

For many years the advice for back pain was bed rest, but in 1996 the Royal College of General Practitioners in UK changed its guidelines and patients are now meant to be encouraged to keep active - using pain relief if necessary. However, the new guidelines remain unheeded by many in the medical profession.

A lot of people are still told to lie down until they feel a little better, despite the fact that movement or active management is known to be far more effective. An in-depth study on non-surgical treatments for back pain found that patients obtain as much benefit from an intense programme of exercise therapy as from spinal surgery.

Those who followed a tailored two-hour daily exercise regime, which included activities such as step-ups, walking on a treadmill, and cycling, made huge progress over just three weeks.

If you have back pain and want to start an exercise regime, first consult a Doctor of Chiropractic or Physiotherapist.

13. **Prognosis For Back Pain**

Most patients with back pain recover without residual functional loss, but individuals should contact a doctor if there is not a noticeable reduction in pain and inflammation after 72 hours of self-care. Recurring back pain resulting from improper body mechanics or other non-traumatic causes is often preventable.

Engaging in exercises that don't jolt or strain the back, maintaining correct posture, and lifting objects properly can help prevent injuries. Many work-related injuries are caused or aggravated by stressors such as heavy lifting, vibration, repetitive motion, and awkward posture.

Applying ergonomic principles – designing furniture and tools to protect the body from injury – at home and in the workplace can greatly reduce the risk of back injury and help maintain a healthy back.

14. **Prevention Is Better Than Cure**

Watch your posture, be vigilant during all activities. Take particular care when you're lifting heavy weights. Always bend at the knees when lifting. If you sit down for most of the day, avoid slouching and crossing your legs.

Keep it even when carrying bags, try to keep the weight even on either side. As unbalanced strain on your back can lead to problems. Children should be discouraged from carrying books in shoulder bags – backpacks will distribute the weight more evenly.

Take plenty of exercise the fitter you are, the less likely you are to suffer back pain. Take regular exercise such as walking. Exercise to maintain general fitness is more effective at preventing back pain than specific exercises aimed at back muscles.

It is common sense; anything that puts pressure on your back muscles and nerves can cause pain. Bad posture continual stress and strain, weak abdominal muscles, and extra weight commonly cause back pain. In many cases, back pain may result from degenerative changes in the back that occurs over the years. Back pain can also be caused by medical conditions affecting the spine, bones, muscles, or joints.

15. **Getting Help**

Establishing the cause of your back pain is essential in obtaining effective treatment. You should consult with your GP or with a qualified back specialist such as a chiropractor before starting any treatment. You will need to tell your doctor about your symptoms (what kind of pain are you experiencing), the site of the pain (where it hurts), the duration of the pain (how long you have been suffering from this problem).

Your doctor needs to know if your back pain is the result of an accident or injury. It's important to mention other health problems you might be experiencing since some back pain is related to illnesses elsewhere in the body (referred pain). Be sure to mention if you are under unusual stress or pressure too.

A physical examination may be sufficient to identify the source of your back pain; however, in some cases, your doctor may recommend you undergo additional tests to help pinpoint the problem.

16. **A Pain In The Neck**

Headaches & Neck Pain

Common types of headache include tension, vascular, muscular, or neurogenic.
Headaches can originate from the nerves, soft tissue, and joints in the cervical spine.
Certain types of headaches will arise from the upper neck at the base of the skull, and radiate from the occiput (rear) to the front of the head or temple(s).

Trigger points in certain areas of the neck can cause headaches.

Trigger points are “knotty” areas or bands in muscle tissue, and can commonly be seen in Myofacia.

Cervical facet- joint -mediated headaches are common after whiplash injuries. In this type of headache, a nerve surrounding the inflamed joint in the neck can cause severe pain. These types of headaches usually respond to physical therapy, traction, stretching, anti-inflammatory medications & muscle relaxants. Facet joints can also be injected when therapies have not helped. Typically a low dose of anaesthetic and cortisone is injected into the joint(s) under fluoroscopy (x-ray). When followed by a well-designed physical therapy regimen, these injections can give excellent long-term relief from headache and neck pain.

There are other causes of neck pain, including traumatic injuries, degenerative conditions, tumours, infections and disc involvement.

Degenerative diseases in the neck are usually due to ageing and the natural progression of the spine. Repetitive trauma can account for acceleration of these injuries. Patients often complain of neck pain, numbness and tingling down into the arms and hands, and a “cracking” or “popping” sound in their neck.

Carpal Tunnel Syndrome

Carpal tunnel syndrome refers to the compression of the median nerve in the wrist. The median nerve passes through a small tunnel in the wrist that can become inflamed and irritated, thus resulting in the numbness and tingling into the hand and fingers. The severity of the symptoms can be determined by performing a nerve conduction test in the office. The treatments are generally non-surgical, using non-steroidal medications, wrist splints, therapy, and occasional injections into the carpal canal.

One of the most common causes of carpal tunnel syndrome is the repetitive use of the wrists or hands, such as when using a computer keyboard. Often, the repetitive nature of a job cannot be avoided; however, applying appropriate ergonomics can certainly help to reduce the risk of developing carpal tunnel syndrome.

One of the most common complaints of patients with carpal tunnel syndrome is numbness and/or tingling in the wrists and hands, usually into the thumb and index fingers.

Often there is pain that sometimes radiates into the elbow or shoulder. X-rays of the wrists are usually normal, so the diagnosis can depend more on a clinical presentation and electro-diagnostic testing.

A thorough examination also needs to eliminate the cervical spine as the cause of the symptoms. A disc lesion in the neck can compress one of the nerve roots and cause numbness and tingling into the fingers. Sometimes, an MRI may reveal a cervical lesion, which is contributing to the symptoms.

Once the diagnosis of carpal tunnel syndrome is made, the treatment is usually non-surgical. Physicians may prescribe non-steroidal anti-inflammatory medication, carpal tunnel splints, wrist exercises, and occasionally injections usually will suffice. If pain persists, surgery may be the ultimate treatment.

Myofascial Pain Syndrome

Myofascial pain is usually associated with muscle spasm and is most often seen in the regions of the neck or low back.

Myofascial pain refers to soft tissue pain usually arising from trauma, repetitive activities, or poor posture. It is usually associated with muscle spasm and is most often seen in the region of the neck. Patients may complain of neck pain, pain across the top of the shoulders, sleep difficulties and, occasionally, headaches.

The treatment consists of stretching exercises, mild medications, ice, massage, and physicians may sometimes use, trigger point injections into the superficial muscle belly. The soft tissue pain can persist, but will usually improve with aggressive treatment and the passage of time. Since this process involving soft tissue does not usually effect the bones or joints, the initial treatment is conservative and does not involve surgery.
Successful treatment employs limited medications and specific physical therapy, utilising such modalities as cryotherapy, myofascial release, muscle stretching, and progressive strengthening exercises.

Although this is a non-surgical problem, it can be aggravated by stress and be difficult to treat. Trigger point injections or additional methods such as relaxation and biofeedback techniques are sometimes used with excellent results.Protocols for the treatment of myofascial pain are useful in guiding treatment and in tracking outcomes.

Specialist physicians have designed specific protocols for myofascial pain and soft tissue injuries employing specific, limited physical therapy with selective medications and soft tissue mobilisation. Patients now respond sooner with decreased pain and improved function.

Myofascial pain syndrome is a benign process, and if treated aggressively can be successfully managed with excellent outcomes.

Utilising non-surgical treatment protocols, patients respond sooner with decreased pain and improved function.

Fibromyalgia

Fibromyalgia is an under diagnosed condition and can be a lifelong illness. Patients can lead more productive and satisfying lives with current available treatments.

"Fibromyalgia" literally means "muscle/soft tissue pain". Patients usually complain of generalised pain described as stiffness or soreness. Other symptoms include fatigue and difficulty sleeping. The pain can migrate from one area of the body to another at different times. There is no particular pattern, which makes Fibromyalgia difficult to diagnose. In females, the pain can increase with the menstrual cycle. Fibromyalgia patients may be sensitive to sudden weather changes.

Fibromyalgia Syndrome affects as many as 5% of the United States population. Females are affected twice as often as males and the average age at diagnosis is 40 years. Recent research has attempted to link Fibromyalgia with rheumatic or systemic illnesses like chronic fatigue syndrome. A key feature in the diagnosis of Fibromyalgia Syndrome is fatigue and sleep disorder, specifically, the inability to obtain restorative sleep. Recent studies have shown that Fibromyalgia pain improves with medicines that promote normal sleep patterns.

Fibromyalgia patients frequently have many neurological symptoms, including headaches, numbness, weakness, difficult concentrating, and light-headedness. Most of the time tests such as CT or MRI scan and Nerve Studies are normal.

There are many other symptoms common in Fibromyalgia including hypersensitivity to medications, non-cardiac chest pain, and Irritable Bowel Syndrome. Sadly as many as 50% of patients have clinical depression in their lifetime.

Fibromyalgia Syndrome can de difficult to diagnose since x-rays, blood tests, and muscle biopsies are usually normal. Researchers have found a decreased level of serotonin in the central nervous system. It is believed that this decreased hormone level is at least partly responsible for the fatigue and pain in Fibromyalgia. Once the diagnosis has been made, treatment can be just as difficult. Often specific medicines are prescribed in low doses at night, and long-term use is necessary. Physical Therapy is as important as medications. The most important aspect of therapy is regular low-impact cardiovascular exercise. In some cases, the muscle tender points are injected with local anaesthetic and/or cortisone to treat an acute exacerbation of myofascial pain.

Fibromyalgia Syndrome is a lifelong illness, but with the current available treatments, many patients can lead productive and satisfying lives.

17. **What Is Scoliosis?**

Scoliosis is an abnormal curvature of the spine. A certain degree of spinal curvature is often considered normal and usually requires no formal treatment. This may not be considered an abnormal finding in some cases.

Scoliosis has many causes and can be associated with:

- Neuromuscular disorders.
- Bone disease.
- Soft tissue disorders.
- Infantile scoliosis is rare and typically presents itself before the age of three.
- Adolescent idiopathic scoliosis is the most common type of scoliosis. Females are affected eight times as frequent as males.

A careful spinal evaluation should be part of all chiropractic examinations but obviously other specialists may have to be involved. The examination should also include a thorough neurological examination and inspection for skin lesions to rule out non-idiopathic causes.

Diagnostic evaluation:

X-rays of the cervical, thoracic and lumbar spine should be performed to measure the exact location and degree of curvature.

Bone scans may be indicated.

Treatment varies based on a criteria that does include:

- Location of curve.
- Type of curve.
- Degree of curvature.
- Age.
- Underlying condition(s).
- Skeletal maturity.

In general, curves less than 20 degrees can be observed and followed every six months. Curves above 20 degrees typically require bracing.

Surgery is performed if the curve continues to progress despite bracing, or if the curvature angle is too severe. Curves above 50 degrees have been shown to progress over the years, and progression of a thoracic curve above 60 degrees can impair heart and lung function. Surgical fusion is important in these cases to prevent further medical problems.

18. **Coping With Sciatica**

This type of pain is caused by compression of nerve roots in the lower part of the spine, which merge together to form the sciatic nerve in the pelvis. Pain may result from a variety of conditions, including disc problems. The good news, however, is that most cases of sciatica are not serious and will get better within a few days or weeks.

When the sciatica pain flares up, it is helpful to know several options that can be used to help alleviate the pain and discomfort and help you to quickly return to your normal activity.

Cold and heat treatment for sciatica is very effective, Ice and heat sources are easily available, inexpensive, and usually quite effective in treating sciatica.



A cold pack or ice application can reduce inflammation and numb sore tissue, alleviating some of the pain in the sciatic nerve. This should be used initially when pain is sharp and intense, usually for 2 to 7 days, depending on the severity of the pain.

Heat dilates blood vessels, increasing the flow of oxygen and nutrients to the area, which assists in healing. Applying heat also stimulates sensory receptors in the skin, so the brain focuses less on the pain of sciatica.

This is best used after the acute, sharp pain has subsided, typically 3 to 7 days after the start of the condition.

One option for applying cold is to utilise an ice massage. This is most easily accomplished by freezing water in a paper cup and after its frozen, cut the top half of the cup away exposing the ice. The ice cup is then applied directly to the skin, usually in a circular motion over the course of the painful area.

There are 4 stages of cooling, of which the second to last is a burning sensation, similar to eating ice cream too quickly. The last stage is numbness after which time frostbite can occur so stop when the burning turns into numbness. This process usually takes between 3 to 6 minutes, depending on the thickness of the area being treated.

The ice massage can be given with the patient lying on his or her stomach or side. The ice should be gently applied to the six-inch area where the pain is felt, and massaged using a circular motion, using care to avoid the bony portion of the spine. The goal is to numb the area of discomfort, at which time gentle, minimal movements can be made to stretch out the sciatic nerve and relieve the compression that is causing the pain. When the numbness wears off, the ice can be re-applied and the procedure repeated. This treatment can be done two or three times a day.

An ice pack is another approach where the ice is wrapped it in a towel or, a commercial ice pack can be used.

- This is usually kept in one spot, such as the low back, for 15 to 20 minutes per application, and repeated for three times (15 minutes on-off-on-off-on, which takes 1 hour, 15 minutes = 1 session). For sciatica, the pack is placed over the lower back as that is where the sciatic nerve is usually pinched. Several sessions can be performed throughout the day.

- Heat should also be applied carefully to avoid burning. The temperature of the heating pad, hot water bottle, (or water for a bath), should be warm, not hot, and is frequently buffered with a towel so the skin does not get too moist. In addition to the benefits stated above, heat relaxes the muscles, which again, allows for some pain relief, allowing the patient to stretch out the sciatic nerve and diminish the compression that is causing the sciatica.

Medications to treat Sciatic Pain:

The pain associated with sciatica may also be reduced and sometimes relieved with the use of over-the-counter or prescription medications. Because some of the pain is coming from inflammation of the sciatic nerve, treatment using non-steroidal anti-inflammatory drugs (NSAID's) can be very effective. Aspirin can also help reduce the inflammation, but NSAID's have fewer gastrointestinal side effects (such as gastritis or ulcers).

There are many options to consider when choosing NSAID's. Each is somewhat different and it is always advisable to discuss the benefits and drawbacks of each with your physician or pharmacist.

NSAID options include:

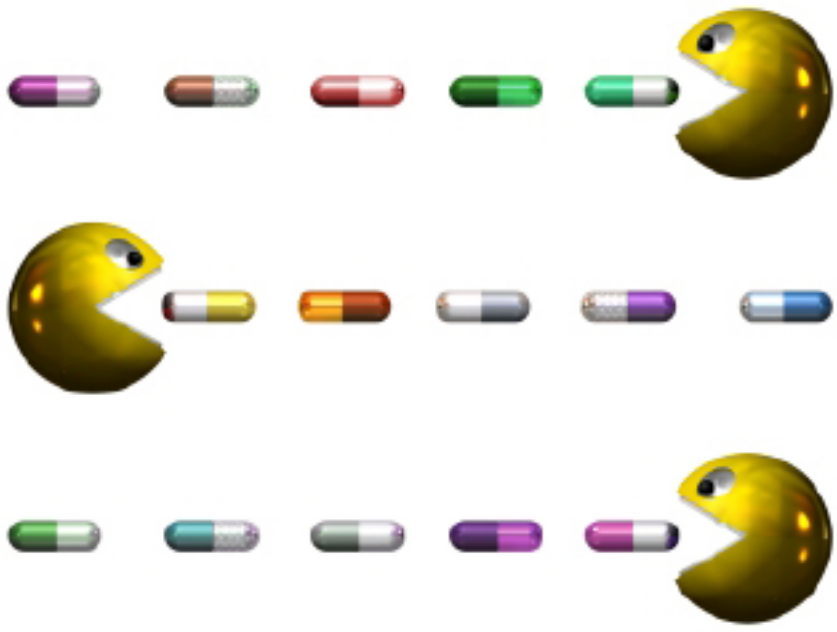
Ibuprofen - such as Advil, Nuprin, Motrin

Naproxen - such as Naprosyn, Aleve

COX-2 inhibitors - such as Celebrex or Bextra (which do require a prescription)

Acetaminophen (such as Tylenol) can also be used for relief of sciatic pain. Because NSAID's and acetaminophen work differently, the two medications may be taken at the same time or staggered (i.e., NSAID's followed by acetaminophen, etc.).

Other, stronger pain medications are also available through a prescription from a physician and may be necessary to help alleviate the pain from irritation to the sciatic nerve.



19. **Exercise Is Good For Long-Term Pain Relief**

Once pain control has been achieved, gentle stretching of the affected area, and low-impact exercise, (such as walking two to three miles) will help bring healing nutrients to the affected area and help to restore function.

As with any back treatment, care should be taken to not further aggravate the situation. It is always advisable to consult with a doctor with any questions or concerns that may arise during the course of care.

For long-term relief of sciatica pain, most experts agree that a regular routine of stretching and exercise is crucial.

Stretching. Patients may find it takes several weeks or months to develop flexibility in the spine and soft tissues, but may also find that the stretching helps bring sustained pain relief. The spinal column and its contiguous muscles, ligaments and tendons are all designed to move, and limitations in this motion can accentuate pain and make one more susceptible to re-injury. Stretching exercise should focus on increasing flexibility in the disc, muscles, ligaments, and tendons. Additionally, it is important to stretch muscles not directly involved with the injured area, such as the arms and legs.

For example, the hamstring muscles play a major role in lower back pain, as it is clear that hamstring tightness limits motion in the hip, which increases stress across the low back, especially during forward bending.

Strengthening. Building strength is also important to help prevent and/or lessen future recurrences of sciatic pain. Specific exercises designed to strengthen the “core” or trunk muscles are most important in the management of low back pain. Depending on the underlying cause of sciatica (such as a herniated disc vs. a degenerated disc), different exercises may be prescribed. Two common forms of strengthening exercises to treat sciatica are McKenzie exercises and Dynamic Lumbar Stabilisation exercises. Learning which exercises to do, as well as how to do them correctly, is typically best learned with the help of a qualified spine specialist.

Manipulation and physical therapy as discussed earlier are other treatment option’s that can be helpful for many causes of sciatica. Manipulation by a qualified health care provider (most commonly a Chiropractic Doctor).

The type of manipulation, amount of force, the direction of the manipulation and the frequency of application are taken into consideration when managing patients complaining of sciatica. Combining this with various forms of physical therapy such as exercise therapies can be very effective.

Other considerations with sciatic pain though uncommon, when the sciatic condition worsens, it is most important to obtain a prompt evaluation. This is especially true if progressive muscle weakness, foot drop, or loss of bowel or bladder control occur, as these symptoms require immediate emergency attention and permanent problems can result if not managed promptly. In general, whenever questions arise about the course of care and associated signs and symptoms, health care provision should be obtained and the questions answered.

The good news is that most cases of sciatica will resolve naturally within a few weeks. The treatments described here can help alleviate pain until things return to normal, and help speed recovery, as well as avoid recurrence.

Every patient is different of course, and not all sciatica treatments will work for all cases of sciatica.

Sciatic pain can be mild and intermittent, but this type of pain along the large sciatic nerve can also be searing and unbearable.

For severe cases of sciatic pain, it makes sense to get a firm or definitive diagnosis regarding the underlying cause of the sciatica (e.g. a herniated disc, degenerative disc disease, spondylolisthesis) and discuss additional treatment options with a spine specialist.

20. **Back Pain Need Not Be A Mystery**

Back and neck pain is not a mysterious “condition.” People spend their day sitting, working, walking, and driving in terrible posture, hunching over the computer, lifting and bending wrong all day, walking heavily, and slouching all day, and then exercise in ways that strain and pressure discs and muscles. They do Pilate’s and yoga that forcibly pressurise their discs.

They take anti-inflammatory medications for mechanical pain that is not inflammatory in nature, try remedies that do not address the cause of the problem, do physical therapy in ways that exacerbates the original problem. Give up favourite activities, have surgery then return to previous injurious habits, then everyone is astonished that they “tried everything and nothing seemed to work.” It’s like eating bars of chocolate and potato chips all day, then waving your hands in the air for a couple of minutes and saying “I don’t understand why I don’t lose weight, I do my exercises!”

- Use healthy positioning to stop the cause of disc damage and discs can heal.
- Pain can be avoided by no longer damaging body structures with poor mechanics.
- It’s simple - Don’t memorise complicated rules. Just use muscles easily to reposition for daily life.
- Remove the bad mechanics causing damage and pain.
- Then no need for pills or surgery and the injury can heal.

Postural mechanics is the same as brushing your teeth in the morning a necessary health activity.

If you need advice on your spine seek out a specialist, perhaps a Doctor of Chiropractic? Look at yourself right now, how is your body positioning? The whole point of exercise and therapy is missed when exercisers don’t learn to consciously use their muscles the rest of the day for standing, sitting, bending, and shock absorption. You should try to use your muscles to stand and bend properly for all your daily tasks.

22. **Can Laughing Improve Your Health?**

Absolutely, biochemically, laughter reduces the body's production of cortisol. It is known that cortisol suppresses the body's immune system.

Thus, by laughter, the body's immune system is left unimpeded by cortisol. In particular, the immune booster, interlukin-2 is allowed to express itself without being inhibited by cortisol. Furthermore, research shows that when we laugh, our metabolisms rate picks-up, muscles are massaged and stimulated, and a variety of biochemical substances rush into the bloodstream. Studies have demonstrated that, after periods of laughing, subjects not only feel momentarily relaxed, but they also have fortified themselves against depression, heart disease, and heightened their pain-resistance.

Back pain can be so debilitating and to be fair it is no laughing matter for the sufferer. However under the correct treatment regime your back pain can certainly be reduced and kept under control.

This book contains a wealth of information to help you understand your Back Pain and the wide range of current treatment options available to you.

Chronic back problems don't have to be a way of life. As discussed earlier in this book there are various treatments available to aid you in relieving your back pain. And by understanding more about your back pain, you can work together with your practitioner to find ways you can best treat it.

Remember Life is for living,
control your pain and live your life to the full.





If You Suffer from Back Pain

Whether it's lower back pain, upper back pain, disc problems or sciatica you can find out the best treatment for your particular problem by reading a copy of:

"Where Does it Hurt?"

This book will provide you with:

- Unique information that you will never get from your Doctor.
- Covers back pain, sciatica, lower back pain, upper-back pain, disc problems plus more.
- An explanation of all the things in life that contribute to back and neck pain.
- How to get rid of your sciatica or back pain.
- A clear explanation of what exercises not to do with back pain and why.
- The important role stress plays in causing and prolonging back pain.
- Authoritative information on non-surgical treatments.
- Plus so much more unique, original information.

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